

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Cheryl McQueen, DMH
Scribe: Carlisa Stallings
Date: 05/09/2007
Time: 10:30 – 11:30 a.m.
Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

x Rick Kretschmer
Sarah Harris
x Cheryl McQueen
X Paul Carr
Gary Imes
Joyce Sims
x Rick Debell
x Carlisa Stallings
x Thelma Hayter
Eric Johnson

Others:

Tim Sullivan
x Jamie Herubin
Sandy Flores
x Mike Frost
X Myran Harris
X Chris Ferell
Deborah LeBlanc

Attendees:

x Alamance-Caswell
x Albemarle
x Catawba
x Centerpoint
Crossroads
x Cumberland
x Durham
x Eastpointe
x Edgecombe-Nash
x Five – County MHA
x Foothills
X Guilford
x Johnston
x Mecklenburg
x Neuse
x New River

x Onslow-Carteret
x OPC
x Pathways
X Pitt
x Roanoke-Chowan
X Rockingham
x Sand hills Center
SE Center
x SE Regional
X Smoky Mountain
x Tideland
X Wake
x Western Highlands
X Wilson-Greene

Attendees:

Item No. Topics

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – May 10, 17, 24, 31
4. Agenda items
 - **Community Support Rates**
 - **NPI Enrollment and BETA Testing Statistics**
 - Beta Test (NPI) Requirements Review
 - 100 records/LME/submission; Format test; full cycle run, 835
 - Testing to commence March (BOM)
 - **Update scheduled termination: TBD**
 - IPRS Questions or Concerns
 - MMIS Updates – Tim Sullivan & Chris Ferrell
5. DMH and/or EDS concluding remarks
 - a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
 - i. Physician phone analyst (i.e. Independent Mental Health Providers)-4706
 - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707
6. Roll Call Updates

Next Meeting: May 16, 2007

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355
, M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	<p>Upcoming Check-writes (cut-off dates) – May 10, 17, 24, 31</p> <p>Q: Faye Sanders (Mecklenburg) – Y codes crossed over to Medicaid; wondering if other LME's had the same issue</p> <p>A: Cheryl - some Y codes did route to Medicaid for the past two weeks; issue has been identified and claims will be systematically resubmitted by next week's checkwrite; problem has been removed and this checkwrite going forward should be okay.</p> <p>Q: Donna (Onslow-Carteret) – Does this have to do with the MQB issue?</p> <p>A: No, IPRS-only procedure codes starting with Y routing to Medicaid</p> <p>Q: Angela (Sandhills) – Can we resubmit services instead of waiting to be reprocessed</p> <p>A: Cheryl (DMH) – yes, can resubmit, but in the checkwrite when reprocessed, will see duplicate denials</p> <p>Q: Cathy (Centerpoint) - 90862 reimbursement rate reduced \$56.54 to \$46.33</p> <p>A: Cheryl (DMH): IPRS just copies in Medicaid rate; do know that the physician fee schedule was updated at the end of April</p> <p>A: Chris Ferrell – will follow up</p> <p>Q: Cathy (Centerpoint) - Update #11 in Enhanced Services, that's when they increased the psychiatry rate to \$56.54</p> <p>A: Cheryl – will check on; perhaps in the March bulletin, there is more discussion</p> <p>Q: Donna (Onslow) – having problems with MQB eligible clients to pay in IPRS</p> <p>A: Cheryl (DMH) – send examples to Q&A for further research</p>
4.	<p>Agenda items</p> <ul style="list-style-type: none"> Community Support Rates – Cheryl (DMH) <p>All updates have occurred in IPRS to get corrected rates; have started the process of adjusting the claims that paid at the incorrect rate; those adjustments should complete next week; should see large number of adjustments on RA next week</p> NPI Enrollment and BETA Testing Statistics – Paul Carr (EDS) <p><u>Highlights:</u></p> <ol style="list-style-type: none"> <u>Beta testing</u> – have received file from Onslow-Carteret and will be including that in next week's beta test cycle. <u>NPI Enrollment</u> <ol style="list-style-type: none"> Billing Provider Changes <ul style="list-style-type: none"> column added for fully divested LME's removed incorrect highlights from several LME's 2 additional billing providers adding for Cumberland with NPI Durham and Pitt had 1 billing provider each that needed to be end-dated and that was taken care of last week

	<p>b) Attending Provider Changes</p> <ul style="list-style-type: none"> • 40 new attending providers added • Active without NPI and Atypical indicator is No or blank - went down to 9,873 • IPRS - Controlled by LME – went down to 6,404 • Medicaid – where providers have no NPI and Atypical indicator is no or blank – went down to 3,469 <p>Q: Faye (Mecklenburg) – what do the yellow and green highlights mean A: Paul - Green indicates number went up and yellow indicates that the number went down</p> <ul style="list-style-type: none"> • Beta Test (NPI) Requirements Review - Cheryl <ul style="list-style-type: none"> • Can still do NPI beta testing; no new implementation date from Medicaid • 100 records/LME/submission; Format test; full cycle run, 835 • Testing to commence March (BOM) • Update scheduled termination: TBD • 834 Updates – Rick Kretschmer <ol style="list-style-type: none"> 1) New 5010 version has been implemented since April 27 2) Cumberland and Mecklenburg have consistently sent in 834's without problems 3) Consistent Problems <ol style="list-style-type: none"> a) <u>Eligibility date change transactions</u> – need to have two sets of dates; need HD026 segment followed with old date that you want to have changed and then followed immediately by HD001 segment with new dates you want to change to; if only send one set of dates, cannot process; need old dates to find the right segment to change and then the new dates to know what to change it to b) <u>Missing race and ethnicity codes</u> - sometimes both are missing and sometimes one or the other; will affect ability to match against CNDs records; some code combinations seem to be pretty unlikely c) <u>Not Sending in Data or Sending in 4010</u> <p>Q: April – On 834 file, how do we know that what we sent is successful? A: Rick K – May get a call from EDS' ECS Unit A: Cheryl – Can also look at the 997 that you get back which would tell you if it at least made it through the translator; if made it through the translator, can look at the IPKR9001 and IPKR9002 reports</p> <ul style="list-style-type: none"> • Fund Transfer Reminder – Thelma <p>There are 6 more checkwrites in this fiscal year – if getting insufficient budget denials, can request transfer up 15% from one fund to another by budget group; overall state-wide, still 71 million dollars that have not been utilized and there will be no settlement this year</p> <p><u>Community Psychiatry Funds (YP851 & YP852, Rick Debell)</u> – discussed at FARO; if need more funds, let DMH know; approaching point where funds will be reallocated</p> <p>Q: Jan (Johnston County) - What is the turnaround time in getting allocation letter back A: Rick Debell (DMH) – hard to say; but June 1 is our cut-off</p> <p>Q: Tom (Western Highlands) – If justified, is it appropriate to move those funds to a non-UCR? A: Rick – I think it is</p>
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• **IPRS Questions or Concerns**

Q: Dean (Roanoke-Chowan) – If Medicaid consumer and no IPRS target pop is required, but 71 record is done, we still need to cross-reference the Medicaid consumer manually?

A: Cheryl – Yes, must perform the cross-reference manually

Q: Tom (Western Highlands) – What does it mean to do it manually?

A: Cheryl – That means you go out to the Cross-ref screen and do the search based on the client's date of birth, name, and sex and pull up the client record and then physically type in the client's local ID and cross-reference it to the client's base ID

Q: Under what circumstance

A: Cheryl - Example that Dean gave was a Medicaid client who is not going to be in an IPRS target pop; you send in the 71 record that the CDW requires; a cross-reference is needed out in CNDs

Q: Donna (Onslow-Carteret) – question was sent to Q&A about how it handles people who do not have SS#; specific case regarding a Native American; also aliens requesting services who do not need SS#; got an answer back to enter all zeroes, but getting denied as duplicates; also under the impression that they cannot get state funds if have no SS#

A: Cheryl (DMH) – responded to Q&A; will check on all zeroes issue and will call to get information to try on-line; but as far as the state funds, the SS# is NOT required to be able to access state funds

A: Thelma (DMH) - prefer to have it because it helps to identify the person specifically; this would require a manual cross-reference

Q: Agnes (Cumberland) – Developmental Therapies paid out of CDSN target pops; don't have money in that target pop; How do we get those services paid from the Development Therapies fund?

A: Cheryl – In looking at the budget criteria file, if routing to CDSN and it's Developmental Therapies, it should be paying out of Developmental Therapies fund; send claim examples to IPRS Q&A

Q: Jeanna (Catawba) – can rate report be broken down to be LME-specific to be easier to work with

A: Cheryl (DMH) – will take a look at it and see what can be done

Q: Sylvetta (Western Highlands) – are there any updates on adjustments for Crisis Funds

A: Thelma (DMH) – testing has been completed and DMH will look at this week and determine what will be done after talking to the budget office; adjustments will NOT be processed this week

Q: Jeanna (Catawba) – Are there memos on there way out to deal with Substance Abuse officially where CSAT services will be paid into the new year and whether the provisionally licensed people cut by the state or not since Medicaid is not going to pay for them

A: Thelma (DMH) – under discussion; memos should be coming out hopefully in the next week or so; will be split out into 2 memos; wait for the memo

Q: Naomi (Guilford) – have gone to single stream funding; how will adjustments affect IPDR3811 report and there is no money in those budgets

A: Cheryl (DMH) – will follow up

Deleted: Cataret

	<p>Q: Beth (Pathways) – questions regarding Developmental Therapies over 16 units A: Thelma – memo was submitted for posting, but got pulled; it will not be posted on the website; will be sent out to Area Directors; Thelma will follow up A: Cheryl – should be able to go back to July 1 and establish PA for that client for that specific attending provider; units need to be for TOTAL number of units and not the total number over 16; send examples to IPRS Q&A Q: Beth (Pathways) – won't let <u>us</u> put unit <u>and</u> costs; been putting costs, will it make a difference? A: Cheryl – just means we will pay only up to that dollar amount; so as long as you do the calculation correctly between the total number of units x the rate, claims should pay;</p> <p>Q: Faye (Mecklenburg) – put in the total number of units per week A: Cheryl (DMH) – just used “a week” as an example; PA's have effective dates; LME's are in charge of the length of the PA</p> <p>Q: Kim (Neuse) – understand that there were requirements for monitors; is there anything in writing Q: Cheryl (DMH) – Is that for Community Support monitors? A: Kim (Neuse) – yes A: Beth (Pathways) – There was a memo. I can forward it to you. A: Cheryl (DMH) There was training in Raleigh on Friday covering that. Don't know if DMA has any information on their website or not. There is information on DMH website under “What's New” A: Beth (Pathways) Biggest difference is that the monitors have to be licensed clinical staff.</p> <ul style="list-style-type: none"> • Medicaid Questions: Q: Jeanna (Catawba) – in May bulletin, <u>it</u> says that EDS will go back and re-process Community Support that was paid incorrectly for providers; how soon will that happen? A: Chris – will follow up and get exact date and send out <p>Q: Terry (Eastpointe) – any resolution on the 1649 denials? A: Chris – believe that an e-mail was sent out on that; will double check and forward to Q&A</p> <p>DMH and/or EDS Concluding Remarks: For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.</p> <ul style="list-style-type: none"> o Physician phone analyst (i.e. Independent Mental Health Providers)-4706 o Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707 <p>Roll Call Updates</p>
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